

Please type a plus sign (+) inside this box →

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonapplications under 37C.F.R. §1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Attorney Docket No. PC9477B

First Inventor Jeremy Lanfear

Title PHOSPHODIESTERASE ENZYMES

Express Mail Label No. EV296060689US

21707-11-03
S-1618152
PTO

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 95]	a. <input checked="" type="checkbox"/> Computer Readable Copy (CRF)
- Descriptive title of the Invention	
- Cross References to Related Applications	
- Statement Regarding Fed sponsored R&D	
- Reference to sequence listing, a table, or a computer program listing appendix	
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets 14]	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
a. <input type="checkbox"/> Newly executed (original or copy)	
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed)	
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	11. <input type="checkbox"/> English Translation Document (if applicable)
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. 09/321,801	
Prior application information: Examiner RAO, MANJUNATH N. Group/Art Unit: 1652	
For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts	

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> Correspondence address below
28523			
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
NAME (Print/type)	Deborah A. Martin	Registration No. (Attorney/Agent)	44,222
Signature	<i>Deborah A. Martin</i>		Date 07/11/2003

EXPRESS MAIL NO. EV296060689US

FEE TRANSMITTAL

for FY 2003

Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment **(\$1,244.00)**

Complete if Known

Application Number	To be assigned
Filing Date	Concurrently Herewith
First Named Inventor	Jeremy Lanf ar
Examiner Name	RAO, MANJUNATH N.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number **16-1445**

Deposit Account Name **Pfizer Inc.**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

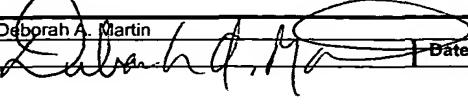
Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge – late fee or oath	<input type="checkbox"/>
1052	50	2052	25	Surcharge—late filing fee or cover sheet	<input type="checkbox"/>
1053	130	1053	130	Non-English specification	<input type="checkbox"/>
1812	2,520	1812	2,520	For filing a request for reexamination	<input type="checkbox"/>
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	<input type="checkbox"/>
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	<input type="checkbox"/>
1251	110	2251	55	Extension for reply within first month	<input type="checkbox"/>
1252	410	2252	205	Extension for reply within second month for Appl. No. 09/321,801	410.00
1253	930	2253	465	Extension for reply within third month	<input type="checkbox"/>
1254	1,450	2254	725	Extension for reply within fourth month	<input type="checkbox"/>
1255	1,970	2255	985	Extension for reply within fifth month	<input type="checkbox"/>
1401	320	2401	160	Notice of Appeal	<input type="checkbox"/>
1402	320	2402	160	Filing a brief in support of an appeal	<input type="checkbox"/>
1403	280	2403	140	Request for oral hearing	<input type="checkbox"/>
1451	1,510	1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452	110	2452	55	Petition to revive - unavoidable	<input type="checkbox"/>
1453	1,300	2453	650	Petition to revive - unintentional	<input type="checkbox"/>
1501	1,300	2501	650	Utility issue fee (or reissue)	<input type="checkbox"/>
1502	470	2502	235	Design issue fee	<input type="checkbox"/>
1503	630	2503	315	Plant issue fee	<input type="checkbox"/>
1460	130	1460	130	Petitions to the Commissioner	<input type="checkbox"/>
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	<input type="checkbox"/>
1801	750	2801	375	Request for Continued Examination (RCE)	<input type="checkbox"/>
1806	180	1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="checkbox"/>
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	<input type="checkbox"/>
Other Fee (specify) _____					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) **410.00**

SUBMITTED BY

Name (Printed/Type)	Deborah A. Martin	Complete (if Applicable)
Signature		Reg. Number 44,222 Telephone 860-715-1821

EXPRESS MAIL NO. **EV296060089US**